

Lafayette Consolidated Government  
Addictions Counseling Training Institute  
Post Office Box 5148, Lafayette, LA 70502

**APPLICATION FOR INTERNSHIP**

1. Position applied for : \_\_\_\_\_
2. Name: \_\_\_\_\_  
Last First Middle
3. Mailing Address: \_\_\_\_\_  
Number Street Apartment Number  
\_\_\_\_\_  
City State Zip Code
4. Phone: \_\_\_\_\_  
Home Work
5. Social Security Number: \_\_\_\_\_

ANSWER THE FOLLOWING QUESTIONS BY PLACING AN "X" UNDER "YES" OR "NO"	YES	NO
6. Are you a citizen of the United States?		
7. Have you previously worked for the former Lafayette City or Parish Government? If yes, state which government and department.		
8. Have you previously been a CIT with another agency? If yes, state which agency. _____		
9. Do you currently work in another agency that treats Substance Abuse? If yes, state which agency. _____		
10. Within the past 5 years have you been discharged from a position because your work or conduct was unsatisfactory? If yes explain in item 23 on back.		
11. May an inquiry be made of your present and/or past employer concerning your work record, qualifications, etc?		
12. Have you ever been convicted of an offense other than minor traffic violations (convictions are not necessarily a bar to employment.) If yes, explain in item #24 on back.		
13. If you have a disability and require some testing assistance, (e.g. enlarged print, etc. ) explain in item 25 on back.		

14. List any licenses, certifications or other professional registrations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

15. Are you trained or experienced in the following skills: **Typing:** yes / no ; **Shorthand:** yes / no

List any office machines/computer software programs which you are skilled in operating:

Dictaphone	yes / no	Corel/Word	yes / no
Copier	yes / no	Excel/Quatro	yes / no
Calculator	yes / no	Access DataBase	yes / no
Key punch	yes / no	ASI	yes / no

list any other machines/computer programs: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Circle the last grade of school you completed:

Grade School 1 2 3 4 5 6 7 8 9 10 11 12 GED 13 14 15 16 17 18 19 20 21 22 23 24

List your education since high school including colleges, business, trade, correspondence, and military service schools.

NAME AND LOCATION	DATE ATTENDED		CREDIT HOURS	MAJOR	DEGREE AND YEAR
	FROM	TO			

<b>LIST ADDITIONAL VOLUNTEER EXPERIENCE HERE:</b> _____ _____ _____ _____
--

# VOLUNTEER/EMPLOYMENT HISTORY

## 1. PRESENT OR LAST POSITION

Place: _____	May we contact this employer/placement? _____
From: _____ To: _____	Name and Title of your Immediate Supervisor: _____
Name of Employer: _____	Reason for Leaving: _____
Address _____	Exact Title of your Position: _____
Phone Number _____	Salary: Starting \$ _____ Per _____ Final \$
Was this a supervisory Position? _____	Duties and Responsibilities: _____

## 2. PRESENT OR LAST POSITION

Place: _____	May we contact this employer/placement? _____
From: _____ To: _____	Name and Title of your Immediate Supervisor: _____
Name of Employer: _____	Reason for Leaving: _____
Address _____	Exact Title of your Position: _____
Phone Number _____	Salary: Starting \$ _____ Per _____ Final \$
Was this a supervisory Position? _____	Duties and Responsibilities: _____

## 3. PRESENT OR LAST POSITION

Place: _____	May we contact this employer/placement? _____
From: _____ To: _____	Name and Title of your Immediate Supervisor: _____
Name of Employer: _____	Reason for Leaving: _____
Address _____	Exact Title of your Position: _____
Phone Number _____	Salary: Starting \$ _____ Per _____ Final \$
Was this a supervisory Position? _____	Duties and Responsibilities: _____

## REFERENCES

List three persons (do not list relatives or people who have worked/interned for you) who have definite knowledge of your qualifications and fitness for the position for which you are applying.

FULL NAME	ADDRESS	PHONE NO.	BUSINESS OR OCCUPATION

## YOU MUST SIGN APPLICATION

I certify that all statements made in this application are true, complete and correct to the best of my knowledge. I realize that any misrepresentation herein may cause my application to be rejected, my name removed from the employment list, or I may be subject to dismissal from the employment of the Lafayette Consolidated Government.

---

Signature

---

Date